

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		101 → 1			
2			102 → 1			
3				1		
4				1		
5				1		
6			1			
7			1			
8			1			
9	1			1		
10				1		
11	1			1		
12	1			1		
13	1			1		
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39		1	1			
40		1	1			
41		1	1			
42		1	1			
43	1			1		
44	1		1			
45		1	1			
46		1	1			
47		1	1			
48	1			1		
49	1					
50		1				
TOTAL IND.			60			
TOTAL DEP.			88			
TOTAL CLAIMS			148			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57	1					
58		1				
59		1				
60		1				
61	1					
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87		1				
88	1					
89	1					
90	1					
91	1					
92		1				
93		1				
94	1					
95	1					
96	1					
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy